

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						09/1555987	APPLICANT(S)		
6/9/04 CLAIMS									
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/			/			51		
2	/				/		52		
3	/				/		53		
4	/				/		54		
5	/				/		55		
6	/				/		56		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4	↓		↓	2	↓	TOTAL IND.	↓	
TOTAL DEP.	17	↓		↓	11	↓	TOTAL DEP.	↓	
TOTAL CLAIMS	21	↓		↓	18	↓	TOTAL CLAIMS	↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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